



2012 INDIANA STATE POLICE CAMP LIABILITY FORM
Administered by the Indiana Troopers Youth Services, Inc. - Call 1.800.671.9851



Liability Release Form - This MUST Be Completed PLEASE READ THIS SECTION THOROUGHLY!!

| | | | | | |
|----------------|--|-------|-------------------------------|---------------|--------------|
| Campers Name | | | | Date of Birth | |
| Address | | | | Address 2 | |
| City | | State | | Zip Code | |
| Parents E-mail | | | Primary Phone #(w/ area code) | | Cell Phone # |

Dear Parent or Guardian:

If your camper has a serious injury or illness and we are **unable** to reach you we **need** your permission for "**EMERGENCY Treatment**" or "**Surgery**" as recommended by the attending physician:

☐

(Please check the following box for your consent)

I /We give my permission for emergency treatment or surgery if needed and as a Parent(s)/Guardian I assume all responsibility for any cost as a result of sickness or injury.

The following concerns the use of your child's likeness in camp promotional publications.

☐

(Please check the following box for your consent)

I/We, as Parent(s)/Guardian, give my permission for the use of my child's likeness in camp promotional publications.

The following concerns allowing your child to attend and/or participate in an offsite field trip or special event - conducted by the Indiana State Police, an agency of the State of Indiana.

☐

(Please check the following box for your consent)

I/We, as Parent(s)/Guardian give my permission for my child to participate in ANY field trip or special event, Conducted by the State Police, an agency of the State of Indiana, that might require such child to be taken off the Indiana State Police Camp University premises.

I/We, as Parent(s)/Guardian(s) do hereby release the State of Indiana, the Indiana State Police, and the Indiana Troopers Youth Services, Inc., its agents and employees from all actions, damages, claims or demands which I/We, my heirs, executors, administrators, or assigns may have against the above named agencies for all personal injuries known or unknown and injuries to property real or personal, caused by, or arising out of, the above described activities or participation.

We, the Parent/Guardian and the Camper, the undersigned, have read this release and understand all its terms, we execute voluntarily and with full knowledge of its significance, pursuant to Indiana Code 16-36-1.

| | | | |
|--------------------------------|--|--------------|--|
| Parent/Guardian Signature | | Current Date | |
| Signature of Witness | | Current Date | |
| Signature of Releaser (Camper) | | Current Date | |

Please Print a "Signed" copy of this form and mail to the address below or bring to Camp on the Day of Camp Registration, for purposes of Valid and Witnessed Signatures. This Liability Form must be on file for your child to enter and remain in camp!

**Indiana Troopers Youth Services
c/o Karen Shelton
PO Box 687
Angola, IN 46703**

Print Form

Reset Form